IL HIE Medicaid Work Group Meeting Notes May 14, 2012

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services (HFS)
Julie Bonello	Access Community Health Network
Pat Borrowdale	Pediatric Health Associates
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Mary Driscoll	Department of Public Health
Patrick Gallagher	Illinois State Medical Society
Andrew Garrett	Department of Healthcare and Family Services
Roger Holloway	Illinois Health Information Technology Regional
	Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Margaret Kirkegaard	Illinois Health Connect
Mike Koetting	Department of Healthcare and Family Services
John Lekich	Department of Healthcare and Family Services
Mary McGinnis	Office of Health Information Exchange
Elizabeth McKnight	Chicago Health Information Technology Regional
	Extension Center
Susan Melczer	Metropolitan Chicago Healthcare Council
Renee Perry	Department of Healthcare and Family Services
Cathy Potter	Southern Illinois University Health Care
Mary Ring	Illinois Critical Access Hospital Network
Dorinda Shackelford	Advocate Physician Partners

1. Review of Minutes

The meeting minutes from the April 30th call were approved with one correction.

2. EHR/PIP Status Update

Payments to date (5/8/12):
642 Eligible Professionals (EPs) - \$13,621,251
24 Eligible Hospitals (EHs) - \$42,918,451

Renee Perry reported that HFS has paid over \$13 million to 642 EPs and almost \$43 million to 24 EHs. A group of 200 EPs and a hospital are in the queue for payment due to go out in the next round of payments.

Peter asked what HFS had to do to get the large groups processed. Renee said that they received access to the query that runs patient volume for a group. Once the revisions were in place, HFS was able to run a query based on a provider's group number with multiple National Provider Identification numbers. The query compared the group numerator to the results of the queries. Staff is still working on the hospital query.

Renee said that some payments will need to be adjusted for hospitals. HFS is sending them additional incentive money.

3. Pre-payment Audit Process

- Email to providers explaining delay
- Attestations in work queue (5/8/12): EPs – 1,492

EHs – 85

- EP Attestations:
 - Individual Medicaid Patient Volume 764, 51.2%
 - Group Medicaid Patient Volume 728, 48.8%

Renee met with audit and program staff and will be submitting a proposal for an audit process methodology to federal Centers for Medicare and Medicaid Services for approval. The hospital query will expand the current audit process. HFS audit staff is now responsible for auditing attestation data.

An email to professionals explaining the delay in payments has been crafted and will be sent as soon as it is approved.

Renee said that they took Peter's suggestion about using cost report data for 85 different hospitals in Illinois. Renee has requested approval from CMS to do this.

Meaningful Use

Renee updated the group saying that HFS submitted Meaningful Use screen mock-ups to CMS for approval. Several states have made their first Meaningful Use payments.

The next call is scheduled on Monday, May 29th. Meeting adjourned.